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UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
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APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
09/779,032	02/07/2001	Jayaram K. Udupa	22253-68248

CONFIRMATION NO. 4435

FORMALITIES LETTER



OC000000005862325

27730
DILWORTH PAXSON LLP
3200 MELLON BANK CENTER
1735 MARKET STREET
PHILADELPHIA, PA 19103

Date Mailed: 03/14/2001

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

Filing Date Granted

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given TWO MONTHS from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The oath or declaration is missing.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$65 for a small entity in compliance with 37 CFR 1.27, must be submitted with the missing items identified in this letter.
- The balance due by applicant is \$ 65.

A copy of this notice MUST be returned with the reply.



Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE

06/15/2001 TGEDAMU1 00000103 09779032

01 FC:205
02 FC:21565.00 OP
55.00 OP

ATTORNEY DOCKET NO.: 22253-68248

USSN 09/770,032



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re ~~patent~~ application of: Punam Kumar Saha and Jayaram K. Udupa

Serial No.: 09/779,032

Group No.: 3739

Filed: February 7, 2001

Examiner: Not yet assigned

For: SCALE-BASED IMAGE FILTERING OF MAGNETIC RESONANCE DATA

BOX MISSING PART

Assistant Commissioner for Patents

Washington, DC 20231

**RESPONSE TO NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL
APPLICATION (FILING DATE GRANTED) and
REQUEST FOR EXTENSION OF TIME**

In reply to the "Notice to File Missing Parts of Application-Filing Date Granted" mailed March 14, 2001 to which a response is due June 14, 2001, enclosed are the following:

- [X] Copy of the NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION--FILING DATE GRANTED (37 CFR 153(b).
- [X] DECLARATION FOR UTILITY APPLICATION USING AN APPLICATION DATA SHEET executed by the inventor(s).
- [X] POWER OF ATTORNEY/AUTHORIZATION OF AGENT executed by the inventor(s).
- [X] Request is hereby made to extend the time for response to the NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION--FILING DATE GRANTED dated March 14, 2001 to and through June 14, 2001 in the above-identified application.

	Small Entity	Other Than Small Entity
One Month	<u>X</u> \$ 55	___\$110
Two Months	___ \$ 195	___\$390
Three Months	___ \$ 445	___\$890
Four Months	___ \$ 695	___\$1390

ATTORNEY DOCKET NO.: 22253-68248

USSN 09/770,032

☒ The following fees are enclosed to cover the:

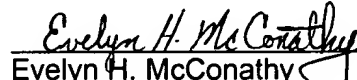
<input checked="" type="checkbox"/>	Surcharge	\$ 65.00
<input checked="" type="checkbox"/>	Extension of Time	\$ 55.00
<input type="checkbox"/>	Statutory Basic Filing Fee	\$
<input type="checkbox"/>	Additional claim fees including multiple dependent claims	\$

Total Amount Due: \$120.00

☐ Please charge the surcharge to my Deposit Account No. _____ in the amount of \$____. This sheet is attached in duplicate.

☒ Please charge any deficiency or credit any overpayment to Deposit Account No. 50-0979.

Respectfully submitted,


Evelyn H. McConathy
Registration No. 35,279

Date: June 12, 2001

DILWORTH PAXSON LLP
3200 Mellon Bank Center
1735 Market Street
Philadelphia, PA 19103-7595



N Section #2 \$

Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	22253-68248	
	Filing Date	02/07/2001	
	First Named Inventor	SAHA	
	Group Art Unit	3739	
	Examiner Name	not yet assigned	
Total Number of Pages in this Submission	<input type="text"/>	Attorney Docket Number	22253-68248

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers/Recordation Cover Sheet (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	RETURN RECEIPT POSTCARD Copy of FORMALITIES LETTER
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application	<u>Remarks</u>	
<input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		CUSTOMER NO. 27730	
Firm or Individual name	Evelyn H. McConathy		
Signature	<i>Evelyn H. McConathy</i>		
Date	June 12, 2001		

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner of Patents, Washington, DC 20231 on this date: <u>June 12, 2001</u> .			
Typed or printed name	Evelyn H. McConathy (Registration No. 35,279)		
Signature	<i>Evelyn H. McConathy</i>	Date	June 12, 2001

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

**FREE TRANSMITTAL
for FY 2001**

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) 110**METHOD OF PAYMENT**

1. [X] The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account **50-0979**

Deposit Account Name

- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
- ☒ Applicant claims small entity status See 37 CFR 1.27

2. ☒ **Payment Enclosed**

- ☒ Check ☐ Credit Card ☐ Money Order
- ☐ Other

FEE CALCULATION**1. BASIC FILING FEE**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
101	710	201	355	Utility filing fee
106	320	206	160	Design filing fee
107	490	207	245	Plant filing fee
108	710	208	355	Reissue filing fee
114	150	214	75	Provisional filing fee

SUBTOTAL (1)

\$

2. EXTRA CLAIMS FEES

	Extra Claims	Fee from below	Fee Paid
Total Claims	20**	9	\$
Independent Claims	3**	18	\$
Multiple Independent		135	\$

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	80	209	40	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

\$

**or number previously paid, if greater; For Reissue, see above

SUBMITTED BY CUSTOMER NO. 27730**Complete if known**

Application Number	09/779,032
Filing Date	02/07/2001
First Named Inventor	SAHA
Examiner Name	not yet assigned
Group Art Unit	3739
Attorney Docket No.	22253-68248

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Fee Code	Large Entity Fee (\$)	Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	65
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for <i>ex parte</i> reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	55
116	390	216	195	Extension for reply within second month	
117	890	217	445	Extension for reply within third month	
118	1,390	218	695	Extension for reply within fourth month	
128	1,890	228	945	Extension for reply within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,240	241	620	Petition to revive - unintentional	
142	1,240	242	620	Utility issue fee (or reissue)	
143	440	243	220	Design issue fee	
144	600	244	300	Plant issue fee	
122	130	122	130	Petition to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17(q)	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	710	246	355	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	710	249	355	For each additional invention to be examined (37 CFR § 1.129(b))	
179	710	279	355	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) \$120**Complete (if applicable)**

Name (Print/Type)	Evelyn H. McConathy	Registration No. (Attorney/Agent)	35,279	Telephone	(215) 575-7000
Signature	<i>Evelyn H. McConathy</i>	Date	June 12, 2001		